

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert	S.	524-4155
MAILING ADDRESS (Street)			FAX
1000 Bishop St., # 902			524-0573
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Advocates			same
MAILING ADDRESS (Street)			FAX
same			
(City)	(State)	(Zip Code)	

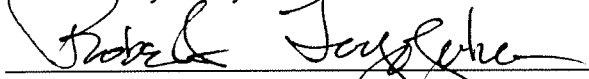
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
1250 Oceanside Partners dba Hokulia		324-1500
MAILING ADDRESS (Street)		FAX
76-6831 Alii Drive, # K15		
(City)	(State)	(Zip Code)
Kailua-Kona	HI	96740
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
John DeFries		same
MAILING ADDRESS (Street)		FAX
same		same
(City)	(State)	(Zip Code)
same		

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                         | <input checked="" type="checkbox"/> Planning, Land & Water Use Management   | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

January 2, 2007  
(Date)

**PART V AUTHORIZATION TO LOBBY**


NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
John DeFries	CEO

NAME OF ORGANIZATION (if applicable)	TELEPHONE
1250 Oceanside Partners dba Hokulia	324-1500

MAILING ADDRESS (Street)	FAX
76-6831 Alii Drive, # K15	

(City)	(State)	(Zip Code)
Kailua-Kona	HI	96740

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

  
(Signature of Authorizing Officer or Person Represented)

1/11/07  
(Date)